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CONFIRMATION NO. 5745

|   |   |                                    |   |  |                         |
|---|---|------------------------------------|---|--|-------------------------|
| <b>SERIAL NUMBER</b><br>09/915,126  | <b>FILING OR 371(c) DATE</b><br>07/25/2001<br><b>RULE</b>   | <b>CLASS</b><br>348                | <b>GROUP ART UNIT</b><br>2621   | <b>ATTORNEY DOCKET NO.</b><br>20138/7331 |                         |
| <b>APPLICANTS</b><br>Peter Woodstock, Hampton Hill, UNITED KINGDOM;<br>** CONTINUING DATA <i>None B.</i> *****<br>** FOREIGN APPLICATIONS <i>Yes B.</i> *****<br>UNITED KINGDOM 0018319.4 07/27/2000<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 09/06/2001   |   |                                    |   |  |                         |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <i>Allowance</i><br>Examiner's Signature <i>B.</i> Initials |   | STATE OR COUNTRY<br>UNITED KINGDOM | SHEETS DRAWING<br>5   | TOTAL CLAIMS<br>30                       | INDEPENDENT CLAIMS<br>5 |
| <b>ADDRESS</b><br>Gunnar G. Leinberg<br>NIXON PEABODY LLP<br>Clinton Square<br>P.O. Box 31051<br>Rochester, NY 14603  |   |                                    |   |  |                         |
| <b>TITLE</b><br>Fluid-powered inspection camera   |   |                                    |   |  |                         |
| <b>FILING FEE RECEIVED</b><br>525   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                         |